

09/389346

ISSUE SLIP STAPLE AREA (for additional cross reference)

POSITION	INITIALS	ID NO.	DATE
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**FEE DETERMINATION**  
**O.I.P.E. CLASSIFIER**  
**FORMALITY REVIEW**  
**RESPONSE FORMALITY REVIEW**

### INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
:	Restricted	O	Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
51		51		10*	
52		52		100	
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If more than 150 claims or 10 act. inc.  
 staple additional sheet here

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